

<h1>PERSON-IN-JOB EVALUATION</h1>		National Aeronautics and Space Administration Marshall Space Flight Center	
PART I: EMPLOYEE INFORMATION			
Name:		Organization Code:	
CURRENT POSITION		PROPOSED POSITION	
Title		Title (Official title to be determined by Human Resources Office):	
Position No.:		Position Number:	
		(Note: Position will be abolished when vacated by incumbent)	
Series/Grade/NCC:		Series/Grade/NCC:	
Organization:		Organization:	
PART II: JUSTIFICATION (Continue on page 2 if more space is needed.)			
EDUCATION: (School Name)	DEGREE/CERTIFICATE		DATE AWARDED
	BS:		
	MS:		
	Ph. D.:		
	Other:		
PART III: CONCURRENCE			
Requesting Official (Organization/Title/Signature/Date):		Directorate/Office (Signature/Date):	
Division Chief (Signature/Date):		Human Resources Director (Signature/Date):	
Laboratory Director (Signature/Date):		Customer and Employee Relations Director (Signature/Date):	
PART IV: APPROVAL/DISAPPROVAL			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		Signature/Date: Director, Marshall Space Flight Center	

PART V: JUSTIFICATION

Name:

Organization Code:

Brief Narrative (Provide unique capabilities, experience or knowledge employee brings to proposed position):